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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/692,312
	Filing Date	October 23, 2003
	First Named Inventor	Jian Lu
	Art Unit	Unassigned
	Examiner Name	Unassigned
Total Number of Pages in This Submission	Attorney Docket Number	9105-212

ENCLOSURES (Check all that apply)		
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or individual name	Brad A. Schepers, Reg. No. 45,431 Woodard, Emhardt, Moriarty, McNett & Henry LLP
Signature	
Date	June 1, 2004

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Doc. 284759

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re U.S. Patent Application:)	Before the Examiner
Jian Lu)	(not assigned)
)	
Application Serial No. 10/692,312)	Group Art Unit
)	(not assigned)
Filed October 23, 2003)	
)	Our Ref.: 9105-212
METHOD AND APPARATUS FOR)	
MAGNETICALLY STIRRING A)	
THIXOTROPIC METAL SLURRY)	

INFORMATION DISCLOSURE STATEMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Pursuant to the duty of disclosure embodied in 37 C.F.R. § 1.56, Applicants wish to bring to the attention of the Examiner the items of information listed on the enclosed Supplemental Information Disclosure Citation (IDS) form. Copies of the items listed in the IDS form are being provided herewith pursuant to 37 C.F.R. §1.98(d).

I hereby certify that this Correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on:

June 1, 2004
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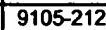
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This Statement is being submitted under 37 CFR 1.97(b) before the occurrence of one or more of the following: (a) receipt of a First Office Action on the merits, (b) passage of three (3) months from the application filing date, or (c) passage of three (3) months from the date entry of the national stage. Accordingly, it is believed that no fee is due. However, should any fee be required, please charge such fee to Deposit Account No. 23-3030, but not to include any payment of issue fees.

Respectfully submitted,

By 
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